NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: MEDICATION RECONCILIATION PROCESS

NUMBER NN-MM-30

ORIGINAL DATE: 5/21/07

REVIEW/REVISE DATE: 06/07/07, 3/18/10

APPROVAL: Rosalyne Reynolds *{s},* Agency Director

I PURPOSE

To develop a process for obtaining and documenting a complete list of consumers' "home" and current medications upon admission to services and compare with those ordered for the consumers while under the care of Northern Nevada Adult Mental Health Services (NNAMHS).

II POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to reconcile the medications of all consumers to improve the safety of the medication management processes and that of the consumer.

III DEFINITIONS

Reconciliation – process of comparing medications that the consumer has been taking prior to admission, or entry to a new setting, with the medications that the organization is about to provide.

"Home Medications List" – medications the consumer is currently taking at the time of admission.

"Next Provider of Care" – individual(s) with whom the consumer has an established relationship for receiving health care services, or has a follow up appointment scheduled with a provider.

IV PROCEDURE

1. On Admission to inpatient services:
    a) Prior to medication administration, the RN completes the medication list in the electronic medical record using the medication tab. This includes allergies, adverse reactions and source of information.
    b) The RN is to inquire about prescription medications, over the counter or sample medications, herbal products, vitamins, neutriceuticals (nutrients, dietary supplements), drug patches, and respiratory therapy related drugs, such as inhalers
    c) The completed list is printed and placed in the physician order section of the medical record.
    d) The completed list is reviewed by the prescriber when the orders are written.

2. Telephone orders are reconciled by the RN and the prescriber at the time of the order, before administering the medication. Read back requirements apply and the home list is to be read to the prescriber.

3. During the course of treatment, any new medication that is ordered by another prescriber requires reconciliation by that prescriber at the time the orders are written.

4. When emergent administration of medication is required, after a clinical decision is made, the reconciliation is to be completed as soon as the list becomes available but no later than 24 hours after admission.

5. During inpatient hospitalization, the consumer's Medication Administration Record will serve as the current medication list.

6. At the time a consumer is discharged from inpatient services:
   a) The discharging physician will review the initial home medication list and reconcile those medications with the current medications. The final discharge order will then include a comprehensive list of all the medications that the consumer will be taking after discharge (to include prescription, over the counter, herbals and any temporary or per required need medications).
   b) The prescriber writes the discharge order and documents the reconciliation on the Medication Reconciliation Log prior to the consumer discharge.

7. Admissions to Outpatient services will require the use of the "Summary List" that is initiated upon admission. The medications identified on this list are provided by the consumer and any other source accessible to the admitting staff. This list serves as a comprehensive list of the consumers "home medications". Whenever medication changes are made during outpatient

admission the summary list will be updated and serve as the current medication list.

a) The admitting prescriber will review the medications listed on the “Summary List” (Section # 3) and note “reconciled” on the section provided on that form to indicate the reconciliation has occurred prior to the medication being ordered.
b) Medication changes (Not titrations of existing medications) made during the outpatient treatment will follow the procedure as noted above.
c) When the consumer is discontinuing service from the outpatient program the summary list will again be reconciled when discharge medications are ordered on the last visit.

8. When a consumer is transferred from one level of care to another, the prescriber who writes any new orders is responsible for completing reconciliation at the time the orders are written.

9. All reconciliations during the course of inpatient treatment at NNAMHS are to be documented on the Medication Reconciliation Log located in the physician order section of the medical record. Outpatient services will utilize the Summary List.

10. Reconciliation is to be completed in all programs where medications are prescribed. Each outpatient program uses the summary list for completing the reconciliation.

11. The discharge medication list is documented by the RN on the Nursing Discharge Instructions Form MR-189. The list will then be presented to the consumer with verbal education as appropriate prior to discharge from that level of care.

12. Authorization is obtained on the MR #150 from the consumer to release the medication list to the next provider(s) if outside NNAMHS.
    a. The consumer will be encouraged to sign an Authorization for Disclosure of Health Information form prior to discharge which allows for the release of the medication summary.

    b. If the next provider is not known, the consumer is instructed to sign a consent with his / her new provider which requests records from NNAMHS.

13. Nursing and Social Services collaborate to send the medication list to the outside providers(s) upon discharge.

14. The consumer receives a copy of the discharge medication list as well as medication education.

15. If no outside provider or the consumer declines to have the list sent, give the discharge list of current medications to the consumer and document the consumer’s refusal on the discharge instructions.

16. A list of current medications must be sent with every COBRA and any scheduled appointments where the consumer will be receiving medication.